



## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled MICROSCOPE WITH ADJUSTABLE STAGE, the specification of which:

☐ is attached hereto.

☒ was filed on March 31, 2004 as Application Serial No. 10/815,967 and was amended on \_\_\_\_\_.

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Page 2 of 3 Pages

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David J. Goren, Reg. No. 34,609  
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Direct all telephone calls to MARK D. KIRKLAND at telephone number (650) 839-5070.

Direct all correspondence to the following:

**26181**

**PTO Customer Number**

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Full Name of Inventor: ALISON C. SWIFT

Inventor's Signature:

Alison C. Swift

Date:

7/8/01

Residence Address:

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Citizenship:

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Full Name of Inventor: DAVID JOHN COPELAND

Inventor's Signature:

Date:

Residence Address:

Milton, MA

Citizenship:

United States

Post Office Address:

31 Parkway Crescent, Milton, MA 02186

Full Name of Inventor: DANIEL J. NELSON

Inventor's Signature:

Date:

Residence Address:

Providence, RI

Citizenship:

United States

Post Office Address:

18 Imperial Place #3F, Providence, RI 02903

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Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Residence Address: Jamestown, RI  
Citizenship: United Kingdom  
Post Office Address: 1005 Fort Getty Road, Jamestown RI 02835

Full Name of Inventor: RYAN PATRICK WHITE

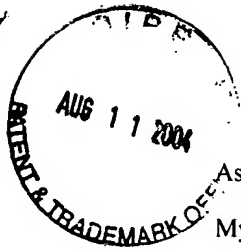
Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Residence Address: Georgetown, MA  
Citizenship: United States  
Post Office Address: 7 Waldingfield Road, Georgetown MA 01833

Full Name of Inventor: ROBERT J. GARAY

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Residence Address: San Jose, CA  
Citizenship: United States  
Post Office Address: 455 Fontanelle Drive, San Jose, CA 95111

Full Name of Inventor: JACQUES VALIQUETTE

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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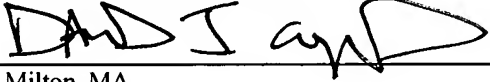
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Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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Citizenship: United States  
Post Office Address: 1803 Rosswood Drive, San Jose, CA 95124

Full Name of Inventor: DAVID JOHN COPELAND

Inventor's Signature:  Date: 01/01/04  
Residence Address: Milton, MA  
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Full Name of Inventor: DANIEL J. NELSEN

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Post Office Address: \_\_\_\_\_

Jamestown, RI

United Kingdom

1005 Fort Getty Road, Jamestown RI 02835

Date: \_\_\_\_\_

12/15/0

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United States

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

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**Combined Declaration and Power of Attorney**

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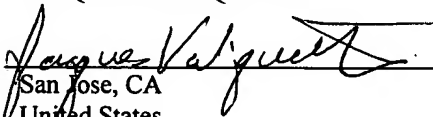
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Applicant : Swift et al.  
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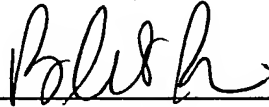
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Respectfully submitted,

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\_\_\_\_\_  
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Limited Recognition under 37 CFR § 10.9(b)

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**BEFORE THE OFFICE OF ENROLLMENT AND DISCIPLINE  
UNITED STATES PATENT AND TRADEMARK OFFICE**

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Harry I. Moatz  
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